

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033080

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 3049 Registrar's No. 161

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hart</u>		c. CITY OR TOWN <u>Steele</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot G. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>221 N. Walnut</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Maurice Raymond Brooks</u>			4. DATE OF DEATH Month Day Year <u>8-9-1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-3-1902</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Steele, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas L Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie R. Scott</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Brooks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. <u>150</u>	
17. INFORMANT <u>Lena Brooks, Steele, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Embolism</u> DUE TO (b) <u>Pulmonary Embolism, old</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1. Congestive heart failure</u> <u>2. Arteriosclerotic vascular disease of h. calf; recent</u> <u>3. Thrombophlebitis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from <u>5 Aug 63</u> to <u>9 Aug 63</u> and last saw ^{her} him alive on <u>8 Aug 63</u> <u>2:00</u>		22a. SIGNATURE <u>Jas Bernard</u> (Degree or title)		22b. ADDRESS <u>Doctors Clinic, Canthessville, Mo.</u>	
22c. DATE SIGNED <u>15 Aug 63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-11-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>		23d. LOCATION (City, town, or county) <u>Steele</u>		23e. STATE <u>Mo.</u>	

24. FUNERAL DIRECTOR <u>John W. Lerman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>8-15-63</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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9465X

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SEP 6 1963

SEP 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Valley

Licensed Embalmer No. 3288

P. O. Address

Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.